

## Steps for Submitting a House Check Request

1. *Scroll down* and fill in your pertinent information directly on the House Check Request Form.
2. *Click* the File drop down menu in the upper left hand corner of the screen and click “save as.”
3. Select the location where you would like to save the form and *type* a file name in the box mark “file name” on the bottom middle of the window and then *click* “save”.
4. Once you have completed the *House Check Request Form* you have three (3) ways to submit your request:
  - a. By fax:
    - i. Submit your House Check Request by fax please send it to (301) 654-7304.
  - b. By dropping the form off in-person:
    - i. The Village Communications Center is open 24-hours per day 7 days a week for walk-in requests. The address is 5906 Connecticut Avenue, Chevy Chase, MD 20815.
  - c. By email:
    - i. To submit your House Check Request via e-mail send it to [ccvo@montgomerycountymd.gov](mailto:ccvo@montgomerycountymd.gov).
    - ii. *Open* your e-mail program and enter [ccvo@montgomerycountymd.gov](mailto:ccvo@montgomerycountymd.gov) in the “to” address.
    - iii. Then attach the completed House Check Request Form you saved to your computer.
    - iv. *Push* the send button. Your House Check Request will be sent to the Village Communications Center. Once received you will receive a confirmation reply e-mail stating that your request was successfully processed.

As always to submit your House Check Request please call (301) 654-7300. A member of the Village Communications Center staff is available 24-hours per day 7 days a week.

# CHEVY CHASE VILLAGE HOUSE CHECK

*Routine House Check* ☐  
*Key on File* ☐

|                        |                          |
|------------------------|--------------------------|
| Resident Name:         | Address:                 |
| Date and Time Leaving: | Date and Time Returning: |
| Resident Phone Number: | Emergency Number:        |

## EMERGENCY CONTACTS

|  |  |
|--|--|
| Name:  | Name:  |
| Address:   | Address:   |
| Phone Number:  | Phone Number:  |
| Key:        Yes <input type="checkbox"/> No <input type="checkbox"/> | Key:        Yes <input type="checkbox"/> No <input type="checkbox"/> |

|   |  |
|---|--|
| Car parked in front or left in the driveway?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                        | Description of vehicle _____<br>_____<br>_____   |
| Are the house lights on timers?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                     | Location of timed lights or lights left on<br>_____<br>_____   |
| Anyone residing, visiting or working at the residence? (Circle one)<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Information regarding occupancy<br>_____<br>_____<br>_____   |
| Does the house have an alarm system?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                | Alarm Company and if available phone number<br>_____<br>_____  |
| Pick up Mail?   Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Disposition _____<br>_____                      | Pick up Newspapers?   Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Relocate on Property <input type="checkbox"/> Recycle <input type="checkbox"/><br><br>Disposition _____<br>_____ |

|              |       |       |
|--------------|-------|-------|
| Received by: | Date: | Time: |
|--------------|-------|-------|